

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/505376

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4	1						54						
5	1						55						
6		5					56						
7		5					57						
8		5					58						
9		5					59						
10		5					60						
11		5					61						
12		5					62						
13		5					63						
14		5					64						
15		5					65						
16		5					66						
17	1						67						
18	1						68						
19		2					69						
20		2					70						
21	1						71						
22	1						72						
23		2					73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	62	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	70						TOTAL CLAIMS						